

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585798

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/				
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	1	2	1			
9	1			1		
10	1			1		
11	3			1		
12	3			1		
13	3			1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	22	←	11	←		←
TOTAL CLAIMS	24		13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						